APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
The Government of Gambia
for
Measles-rubella follow-up campaign

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION
Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country’s application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY
The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.
Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE
Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION
The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

ANTI-TERRORISM AND MONEY LAUNDERING
The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country’s knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES
The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: http://www.gavi.org/support/process/apply/

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

3 February 2014

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

2019

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2019	2020
Total government expenditure	526,759,375	
Total government health expenditure	19,707,824	
Immunisation budget	540,000	640,000

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From 2014

To 2020

Your current Comprehensive Multi-Year Plan (cMYP) period is

2017-2021

Is the cMYP we have in our record still current?

Yes☒ No☐

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From	2017
To	2021

If any of the above information is not correct, please provide additional/corrected information or other comments here:

No Response

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

Currently vaccines and other EPI supplies are procured through UNICEF and the same mechanism will continue. The government co-financing for other vaccines will also be channelled through UNICEF. Vaccines are airfreight while injection materials are transported by sea and received at the seaports. The clearing agent of the MoH has an MoU with the customs department on clearing vaccines and other supplies for the MoH. The process of clearing starts as soon as pre-shipment documents are received from the consignee through Unicef.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The Gambia has established a National Regulatory Authority (NRA) called Medicine Control Agency (MCA) mandated to certify and license vaccines and pharmaceuticals. The MCA would require documentation from the manufacturers before any new vaccine is shipped into the country. To ensure quality and standard, Procurement of vaccines and supplies will be done through UNICEF. The process of licensure will include a dossier from the manufacturer to the UNICEF country office. This will then be sent to the national regulatory authority for review and verification for the final licensing. Fast track method is sometimes used, which is based on WHO pre-qualification. Since the country has been using the MR vaccine since 2016, it has already been registered and does not need to go through the licensing process.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2020	2021	2022	2023	2024
Country Co-financing (US$)	5,015	10,262	10,691	5,541	5,715
Gavi support (US$)	110,165	225,405	210,782	109,235	112,677

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	90,289	89,539	90,927

MenA Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	19,127	19,509	57,442	20,105	20,397
Gavi support (US$)	52,408	53,453	120,280	37,997	38,548

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	107,808	109,096	52,175	52,954	53,722
Gavi support (US$)	1,684,085	1,703,279	737,461	748,472	759,329

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	50,380	51,384	113,307	52,954	53,722
Gavi support (US$)	139,056	141,827	298,937	146,161	148,281

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	31,976	32,613	69,536	33,610	34,097
Gavi support (US$)	338,611	345,361	692,574	355,914	361,077

Summary of active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US$)	214,306	222,864	303,151	165,164	167,653
Total Gavi support (US$)	2,414,614	2,558,864	2,150,961	1,397,779	1,419,912
Total value (US$) (Gavi + Country co-financing)	2,628,920	2,781,728	2,454,112	1,562,943	1,587,565

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage

surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;
- Demand generation / demand for immunisation services, immunisation schedules, etc;
- Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

The Gambian health care delivery system is based on the Primary Health Care (PHC) Strategy adopted since 1979. The health services are delivered through a network of many primary health posts and health facilities. These are staffed by Medical Doctors, Nurses, Public Health Officers and Community Health Workers. They provide curative, preventive, promotive (community sensitization and rehabilitative health services) and child health services including immunization. The infant and under-five mortality according to the 2019/2020 DHS report has increased from 34/1000 and 54/1000 live births to 42/1000 live births and 56/1000 live births respectively.

The Gambia 2019/ 2020 Demographic and Health Survey report revealed 90.1% &70.5% for MR1 & MR2 respectively. As in the administrative reported data there is regional variation in coverage but generally lower coverage in WR1 (Banjul, Kanifing) ,WR2 (Brikama) and URR (Basse) local government Areas. The DHS show coverage of 87.1%& 65.5% for MR1&MR2 respectively in Urban areas as compared to that of the Rural coverage of 96% & 81.2% for MR1 & MR2 in the same period. Please refer to table 10 page 25 of the 2019/2020 Gambia DHS report which shows vaccinations by background.

It further shows that the lowest wealth quintile had better immunisation 94% and 76.1% for MR1 &MR2 respectively as compared to highest wealth quintile 85.6% & 64.2%.There were no significant variations in term of educational level of mothers. All age appropriate vaccination

among children between 24 to 35 months (2YL vaccination) was generally low at 29.7% national with varying regional record of 14% in WR1 to 45% in LRR. These revelations provide additional justification for the ongoing construction of new immunization outreach sites, expansion of immunization service points and provision Grade A cold chain equipment in the WR1 & WR2 and other regions through the Cold Chain Equipment Optimisation Platform (CCEOP). WR1&2 and URR accounts for the highest group in the wealth quintile and highest percentage in urbanisation that are less likely to have their children complete their required vaccination. These considerations suggest that susceptible children have accumulated since the previous national campaign in 2016 and support the ministry's choice to conduct a nationwide vaccination campaign. This will provide multiple benefits as the set strategy will cater for the MR zero dose children, improve MR2 coverage, track and vaccinate those missing any of the routine EPI antigens in Gambia and consequently improve routine EPI coverage.
Even though regions have been achieving more than 80% MCV1 coverage through the administrative data, the MCV2 coverage have been constantly low over the years. MR1/MR2 dropout rates have been constantly over 20% since 2016. This low coverage resulted into low herd immunity thus resulting in localised measles outbreaks in WR2 in 2016, URR in 2018 and Western Region 1 in 2020
There are efforts to improve immunization coverage and this led to the recent orientation of Traditional Communicators, Village Support Groups, influential leaders and drama groups on the importance of immunization. The EPI program provided mobility for Reproductive, Maternal, Neanatal, Child and Adolescent Health (RMNCAH) teams to strengthen access to immunization regardless of geographic location. Furthermore, there are plans to expand immunization services to more areas by opening and building new RMNCAH sites to increase access based on geography and population density.

A country wide geo-mapping of the service points (SP) (Fixed and Outreach) was done and followed by the development of a dashboard. The dashboard has three different features namely; the coverage map, stock management and site map and it is fed through the DHIS2 and the Stock Management Tools (SMT) (Central and Regions). The site map show in each base site the Cold Chain Equipment (CCE), vehicle accessibility, population estimates, pictures and a heat map that shows areas that may need outreaches.

2.4 Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	The_Gambia cMYP 2017 2021 updated August 2020_02-09-20_13.44.03.doc
✓	**Country strategic multi-year plan / cMYP costing tool**	The GambiacMYPCostingTool20172021 revised_02-09-20_13.39.21.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	The Gambia EVM Assessment Report 2014_03-09-20_13.44.18.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	EVM Improvement Plan Progress Report Gambia August 2020 Lamin_02-09-20_13.41.22.doc
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	The Gambia DHS 201920Final_03-09-20_14.01.56.pdf
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	GAMBIA. DQIP Implementation Status_03-09-20_14.09.54.xls
✓	**Data quality and survey documents: Report from most recent desk review of immunisation data quality**	Data Quality Assessment Report_Final_03-09-20_13.56.49.pdf

Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation

No file uploaded

Human Resources pay scale

No file uploaded

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

Coordination and advisory groups documents

✓ **National Coordination Forum Terms of Reference**

ToRs_ICC_03-09-20_14.14.55.pdf

ICC, HSCC or equivalent

✓ **National Coordination Forum meeting minutes of the past 12 months**

LAST 3 ICC GAMBIA MEETING MINUTES_03-09-20_15.48.58.pdf

Other documents

Other documents (optional)

No file uploaded

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

3 Measles-rubella follow-up campaign

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

Measles-rubella follow-up campaign

Preferred presentation	MR, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	MR, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	1 June 2021
Planned launch date	13 December 2021
Support requested until	2025

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

The vaccine is already licensed in the country and is being used for the routine immunisation services

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐ No☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for campaign vaccination

Please describe the target age cohort for the Measles-rubella follow-up campaign:

Note 4

From	9	weeks ☐	months ☒	years ☐
To	59	weeks ☐	months ☒	years ☐

	2021	2022	2023	2024	2025
Population in target age cohort (#)	341,446	353,818	366,757	380,301	394,478
Target population to be vaccinated (first dose) (#)	341,446	353,815	366,757	380,301	394,478
Estimated wastage rates for preferred presentation (%)	10	10	10	10	10

3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2021	2022	2023	2024	2025
Population in the target age cohort (#)	83,947	86,988	90,170	93,500	96,985
Target population to be vaccinated (first dose) (#)	79,750	82,639	85,661	88,825	93,126
Number of doses procured	90,914	94,208	97,654	101,260	105,035

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - Measles-rubella follow-up campaign

	2021	2022	2023	2024	2025
10 doses/vial,lyo	0.66	0.59	0.59	0.59	0.59

Commodities Price (US$) - Measles-rubella follow-up campaign (applies only to preferred presentation)

	2021	2022	2023	2024	2025
AD syringes	0.036	0.036	0.036	0.036	0.036
Reconstitution syringes	0.004	0.004	0.004	0.004	0.004
Safety boxes	0.005	0.005	0.005	0.005	0.005
Freight cost as a % of device value	3.2	3.56	3.56	3.56	3.56

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.
Please note that the values represented in this table do not account for any switches in co-

financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 5

	2021	2022	2023	2024	2025
Country co-financing share per dose (%)	2	2	2	2	2
Minimum Country co-financing per dose (US$)	0.013	0.012	0.012	0.012	0.012
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.013	0.012	0.012	0.012	0.012

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles-rubella follow-up campaign

	2021	2022	2023	2024	2025
Vaccine doses financed by Gavi (#)	371,600	385,000	399,100	413,900	429,200
Vaccine doses co-financed by Country (#)	7,500	7,800	8,100	8,300	8,700
AD syringes financed by Gavi (#)	375,600	389,200	403,500	418,400	434,000
AD syringes co-financed by Country (#)					
Reconstitution syringes financed by Gavi (#)					
Reconstitution syringes co-financed by Country (#)					

Safety boxes financed by Gavi (#)	4,150	4,300	4,450	4,625	4,775
Safety boxes co-financed by Country (#)					
Freight charges financed by Gavi ($)	5,720	5,489	5,690	5,900	6,119
Freight charges co-financed by Country ($)	116	111	115	119	124

	2021	2022	2023	2024	2025
Total value to be co-financed (US$) Country	5,000	5,000	5,000	5,000	5,500
Total value to be financed (US$) Gavi	265,000	249,000	258,000	267,500	277,500
Total value to be financed (US$)	270,000	254,000	263,000	272,500	283,000

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 6

	2021	2022	2023	2024	2025
Minimum number of doses financed from domestic resources	39,775	45,827	47,503	49,257	178,025
Country domestic	26,092.4	27,037.93	28,026.77	29,061.63	105,034.75

funding (minimum)	

3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

The Government of The Gambia being conscious of the importance of immunization services created a budget line item for immunization. The government is highly committed to the procurement of traditional and co-financing of all new vaccines. There has been an annual increment of financial allocation to the sector since 2010. From January 2009, the Honourable Minister for Health gave directives for the inclusion of co-financing amounts to be incorporated into an already existing budget line for immunization services. This has resulted in the MoH not defaulting in its co-financing obligations over the past years.
Government is commitment for the purchase of routine vaccines has increase from 12 million Dalasis in 2013 to 23 million Dalasis in 2014 and 35 million dalasis in 2019. The Gambia procures all traditional vaccines including Measles-Rubella from the Government Local Fund (GLF).

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

NA

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:	May

The payment for the first year of co-financed support will be made in the month of:

Month	May
Year	2021

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

Population in the target age cohort (#)

Note 7

341,446

Gavi contribution per person in the target age cohort (US$)

0.65

Total in (US$)

221,939.9

Funding needed in country by	1 June 2021

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US$)

57,200

Total amount - Other donors (US$)

20,012

Total amount - Gavi support (US$)

221,938

Amount per target person - Gov. Funding / Country Co-financing (US$)

0.17

Amount per target person - Other donors (US$)

0.06

Amount per target person - Gavi support (US$)

0.65

3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

The key budgeted activities in the proposal are under the following categories
1. Service delivery
2. Capacity building of human resources
3. Procurement of supply chain management
4. Health Information system
5. Programme support cost

6. Advocacy, Communication and Social Mobilisation (ACSM)
Service Delivery and Capacity Building of Human Resources: The broad activities under these categories include preparatory activities, training and implementation. The preparatory activities include microplanning sessions, meetings of the different sub-committees, assessment and supervisory visits prior to the campaign. The training activities will include capacity building of supervisors at different levels, vaccination and volunteers/recorders. After the training of personnel, the campaign implementation will start in earnest. The unit costs of these activities are guided by the harmonised UN and Gambia government DSA rates. The number of vaccinators and recorders are calculated based on expected number of children to be vaccinated per person per day during the 6 days period of the campaign (Urban: 175/person/day and Rural:150/person/day). From past experiences, the teams have been vaccinating 350 in urban areas and 250 in rural areas, however due to the added functions (Co-delivery with routine antigens) the expected numbers have been reduced.
Procurement of supply chain management: This category focuses on procurement of fuel. As part of the PCA recommendations, Gavi funds are managed by Unicef and all procurement related activities will be handled by them following their procurement rules. The unit cost per liter is based on the current pump price and the quantity is based on the estimated number of liters each vehicle would need per day.
Health Information system: This category focuses on data and information management system. The activities include printing of all data collection tools and guidelines. The unit costs are based on the current market prices. A supply request will be sent to Unicef for the provision of supplies
Programme support cost: This is the 5% charges to be paid to Unicef for the Tripartite Agreement
Advocacy, Communication and Social Mobilisation (ACSM): This category deals with all ACSM activities geared towards awareness creation, and enhancing uptake of services. The calculations are based on cost per person per day for orientation and advocacy meetings. The cost for communication support materials are included in this category and are based on current market prices.

3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Gavi cash grants for the immunisation programme are managed through UNICEF Country Office. This follows the recommendation from the FMA and PCA done in 2015 and 2018 respectively. The 2018 PCA laid down some Grant Management Regulations (GMRs) recommendations which need to be fulfilled before such cash support can be transferred to the government. Currently there is a consultant hired by Gavi to support the implementation of the GMR recommendations.
As part of the PCA recommendations, the MoH has incapacitated the Project Coordination Unit and its now managing all project funds. The Gavi HSS funds are transferred by Unicef to the PCU accounts where the programme request for the release of funds. The PCU now have a coordinator, Financial Controller, accountants and procurement Officers.

3.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes☒ No☐

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

No issues raised

3.4.6 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- **UNICEF Tripartite Agreement: 5%**
- **UNICEF Bilateral Agreement: 8%**
- **WHO Bilateral Agreement: 7%.**

Depending on the implementation of the GMR recommendations, the funds would be transferred to Unicef account or otherwise stated by the PCA. The funds are needed in country by June 2021. A tripartite agreement would be signed by Gavi, MoH and Unicef.

3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the "One TA plan") with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance

needs and the respective agencies providing the technical assistance (if already identified) below.

Note 9

The country will require a technical assistance to implement the Rapid Convenience Monitoring and Post Campaign Evaluation coverage survey. The cost of the RCM will be included in 2021 TCA needs, while the coverage survey will be included the Operational cost of the follow-up campaign.

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

Please see section 2 of the POA

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The cMYP (2017-2021) is aligned with the National Health Strategic Plan (2014-2020), however the cMYP covers a 5 year period whilst the NHSP covers a period of 7 years. The cMYP have been updated to capture introduction of MenA, HPV, IPV second dose. The NHSP is expiring in December 2020 and the Directorate of Planning and Information has started developing a new plan.
Both campaign operational plan and targets are aligned with cMYP and activities are linked to the ongoing Gavi HSS targeted activities to address bottle necks which relates to equity, communication, data quality and capacity building.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.
If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the

reasons and the approach to address this. Requirements can be found in the general application guidelines.
In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The roles and functions of the ICC are as follows:
1. Conduct quarterly and ad-hoc meetings to discuss issues relating to national immunization services
2. Review programme plans and progress made on immunization services including cold chain logistics, vaccines and EPI financing etc;
3. To approve all HSS/ISS activity work plans and budgets
4. Review all HSS/ISS technical and financial reports
5. Exist as coordination body for immunization services
6. Analyses the progress of immunization services
7. Develop suggestions to overcome constraints and challenges in immunization services
8. Develop procedures for immunization service improvement
9. Support development of immunization long-term programs and secure their implementation
10. Support the coordination of immunization services at national and international level
11. Organize and coordinate advocacy for immunization services
12. The technical committee to compile the APR before submitting it to ICC for review and endorsement
13. Identify constraints/obstacles that may impede progress in the implementation of immunization services
14. To make recommendations as may be deemed necessary for programme improvement;
15. Co-ordination of donor support/funding with a view to avoid duplication and waste of efforts and/resources
16. Advocacy and resource mobilization for programme implementation
17. To conduct field visits to monitor and evaluate EPI activities and services
18. Provide support for special events such as NIDs and other supplementary immunization activities;
19. Advice on ways/approaches to enhance effective and efficient EPI service delivery;
20. 20.Perform any other duty as may be assigned by the Honourable Minister
The country has currently appointed NITAG members and the group is expected to start operations before the end of the year. They are yet to be trained and their functions still rest on the ICC.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The Government of The Gambia being conscious of the importance of immunization services created a budget line item for immunization. The government is highly committed to the procurement of traditional vaccines and co-financing of all new vaccines. There has been an

annual increment of financial allocation to the sector since 2010. From January 2009, the Honourable Minister for Health gave directives for the inclusion of co-financing amounts to be incorporated into an already existing budget line for immunization services. This has resulted in the MoH not defaulting in its co-financing obligations over the past years. Through the ICC, regular briefings will be held with the Ministers of Health and Finance to ensure that immunization remains a major priority for funding in order to reduce childhood morbidity and mortality.

In addition, the Government will also mobilize additional resources both locally and from donors to support immunization services especially on cross-cutting issues e.g. capacity building and improvement of outreach services. Partners and civil society organizations will all be involved in resource mobilization activities.

Both the current health master plan (2007-2020) and the EPI cMYP (2017-2021) will be used for resource mobilization to support immunization services. During the development process of the cMYP, firm financial commitment was given by WHO, and UNICEF to support immunization services in the country.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Both the 2013 and 2019/2020 DHS highlight low immunisation coverage in urban areas which could be due to issues relating to Health system/services, Community related, Economic/Family and Individual factors.

1. Health systems/ Service related issues:
• Over the past ten years, there has been population expansion in the urban areas, with the 2013 census reporting the highest increase in the Brikama LGA (79%) which is predominantly an urban settlement. Despite this population increase, the health service delivery points remain unchanged leading to health facilities becoming increasingly overcrowded and result in long waiting hours.
• The health facility density in urban areas is comparatively lower than in rural areas as shown in tables 3 and 4 in the 2019 Health Service Statistics. As the health worker per population density and other service inputs has not correspondingly increased, the availability, access and quality of reproductive health services is inadvertently affected. In addition, the overcrowding of RCH clinics contributes to the inappropriate working environment for the inter-personal communication between service providers and clients.

• Social mobilization for EPI services is weak as the previous EPI communication plan 2007 – 2012 was not well implemented due to low availability of funds. The presence of mass communication media in the urban area is not well utilized for immunisation services. The weak implementation of the current plan will result in low advocacy activities with policy makers. This

will further result to low community awareness on the benefits of immunisations and their involvement and as well as shortage of communication support materials for routine immunisation services.

2. Community related issues:
• High density urban settlements such as Brikama and KMC, have communities with low income families that live far away from service delivery points, thus incurring cost to attend routine immunisation services. Also, competing social activities such as naming ceremonies and religious feast are more prominent among urban populations; and these are given precedence over immunisation services especially when immunisation days coincides with such feast or activities.
3. Economic/ Family/Individual Related Issues

• The DHS 2013 data shows that the percentage of children who were fully immunized was higher in rural areas than in urban areas (84 percent compared with 67 percent), and it was also higher among children whose mothers have no education (78.2%) or who only reached the primary level than among children whose mothers reached the secondary level or higher (68.3%). This situation still exists albeit with some improvements as revealed by the 2019/2020 DHS where both basic and age-appropriate vaccination coverage is higher in rural areas than urban areas 90.4% and 81.6% respectively.
• The literacy level is higher in urban areas than in rural areas. Mothers and caregivers in the urban settings tend to be more engaged in economic activities that distract them from attending immunisation sessions. In addition there are many working class mothers whose work schedules do not permit them to take their children for routine immunisation unless the child is sick. Even the low income mothers in the urban areas, tend to be too busy with domestic or economic activities and therefore have little time to take their children for immunisation as scheduled.

In view of the overstretched immunisation services, inadequate community awareness and involvement in immunisation services, low uptake of immunisation services by working mothers are all possible factors, that can be attributed to the low immunisation coverage in the urban areas.

Strategies to address low coverage in the urban areas:
The DHS 2013 revealed low immunisation coverage in the urban areas which are ascribe to reasons as stated above. The HSIS grant aims to address the low coverage in urban areas and sustained the coverage recorded in the rural areas by focusing on the following strategies;
Construction and refurbishment of outreach sites: RCH clinics are commonly overcrowded; mothers and care-givers spend long hours in queues waiting to received immunisation services due to the low density of service delivery points in urban areas. Also, the overcrowded conditions coupled with low staff numbers create unfavourable working environment which hamper the delivery of quality services. To address this burden through the Gavi HSIS grant, there is ongoing construction of new outreach sites and refurbishment of existing ones to national standards especially in urban areas so as to reduce travel distance, waiting time and improve working environment.

Training and retraining of service providers: Regular training and retraining of service providers in public and private facilities on immunisation services is ongoing to help equip staff with the required knowledge and skills in delivering effective immunisation services. In addition the skills of service providers in interpersonal communication between service providers and clients are being enhanced.

The trainings are particularly focus on improving services in the urban areas and the planned expansion of services, however all staff nation-wide that require training to maintain high coverage and quality services are being identified and targeted during supportive supervision.

Engagement of CSOs and NGOs in community mobilisation and sensitisation: Currently social mobilisation activities on RCH services including immunisation is done on an ad hoc basis. The absence of a systematic programme on social mobilisation contributes to the low coverage in urban settlements. The engagement of CSOs and NGOs in promoting RCH including immunisation services, especially in the urban areas, is an opportunity in addressing this challenge. . There are strategies in the current EPI communication plan that will be implemented by CSOs and NGOs

Funding for EPI communication plan: The implementation of the current communication plan 2019 – 2023 is to synergize and optimize efforts of all stakeholders in Immunization, with a view to maximise the result of interventions planned and implemented aimed at improving awareness and create demand with the hallmark to improve immunization coverage especially in the urban areas.

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.

The country is currently implementing Gavi Health System and Immunisation Strengthening (HSIS) grant with a main objective of maintaining high immunisation coverage through the strengthening of Reproductive and Child Health Services. Activities planned and budgeted within the grant (to address bottle necks including; equity, communication, data quality and capacity building) will be used to further strengthen the campaign implementation and further bridge the gaps in equity related issues. In this way, maximum integration and synergy can be achieved between the MR campaign and the HSIS grant to improve immunization coverage and benefit regular provision of routine services. For example, activities during the campaign will not only focus on campaign issues but also address issues relating to routine immunisation services, urban immunisation and socio-behavioural related issues. Both platforms (HSIS & MR Follow-up campaign) would be used to inform the communities and immunization service providers in advance. In addition, routine immunization sessions will be used to sensitize parents and caregivers about the MR Follow-up campaign. The Follow-up campaign activities will also be used to strengthen routine immunisation and surveillance as routine antigens and supplements will be co-delivered. In collaboration with the National Nutrition Agency, Vitamin A and de-worming will be integrated with the MR vaccination campaign.
The campaign will also be used to strengthen surveillance activities by conducting active case search for all VPDs by supervisors, canvassers and red cross volunteers during the campaign. Capacity building of immunisation service providers will be improved as the campaign trainings will not only focus on the MR vaccine, but also other antigens in the routine services.
Overall, these strategies will be an addendum to the ongoing activities from the Gavi HSIS grant and are expected to improve the coverage and equity of routine immunisation.

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 10

The campaign implementation strategies which include mobile and fixed post vaccination along with communication & social mobilisation, staff training and monitoring and supervision will be aligned with the ongoing HSIS planned activities to reduce immunisation barriers and equity. As the MR follow up campaign will be co-delivered with Vitamin A supplementation in addition to the defaulter tracing and vaccination with other routine vaccines missed, this will greatly improve both vaccination coverage and nutritional status of children. This will further reduce the chances of measles illnesses and complications. Both Gavi supported HSIS funds and MR follow up campaign funds will be disbursed to the PCU of the Ministry of Health who will monitor the funds and disburse to the programme as approved proposal activities.

3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major Measles-rubella and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. Measles-rubella second dose introduction, Measles-rubella or Measles-rubella-rubella follow up campaign, etc.).

The MR follow-up campaign and MR switch are reflected in The Gambia cMYP 2017-2021. The country envisage to enhance and strengthen accelerated measles-rubella and CRS surveillance and to further improve coverage to meet the country's Measles Rubella elimination goals. Furthermore, the capacity of the National Public Health Laboratories will be improved to increase timeliness of measles diagnostic testing and identification of serotypes. The ministry of health through the EPI program will ensure such targets and strategies are reflected in the next cMYP 2022-2026.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate

targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required
1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional
1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

✓	**New vaccine introduction plan (NVIP) and/or campaign plan of**	The Gambia MR followup campaign plan of actionFinal2020_05-10-20_13.24.30.pdf

action (PoA), including checklist & activity list and timeline

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.

✓ **Gavi budgeting and planning template**

MR FOLOW UP CAMPAIGN BUDGETGavi 2020_05-10-20_13.27.40.xlsm

Most recent assessment of burden of relevant disease

If not already included in detail in the Introduction Plan or Plan of Action.

No file uploaded

Sources and justification of campaign target population estimates (if applicable)

No file uploaded

Endorsement by coordination and advisory groups

✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures**

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

LAST 3 ICC GAMBIA MEETING MINUTES_03-09-20_15.09.27.pdf

Endorsement of ICC Members for the MR Followup Campaign Application_05-10-20_15.11.44.pdf

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

NITAG_03-09-20_15.04.16.pdf

Vaccine specific

cMYP addendum

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

The_Gambia cMYP 2017 2021 updated August 2020_02-09-20_14.03.44.doc

Annual EPI plan

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

AOP EPI 2020.2021_03-09-20_14.51.08.xls

MCV1 self-financing commitment letter

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

No file uploaded

Measles (and rubella) strategic plan for elimination

If available

No file uploaded

Other documents (optional)

ANNEX1TIMELINE FOR THE MR FOLLOWUP CAMPAIGNAUGUST 2020FINAL_04-09-20_16.02.26.xlsx

2019 MenA Campaign Technical Report_29-09-20_11.29.20.pdf

MenA PCCS REPORT 2019FINAL_29-09-20_11.30.15.pdf

The Gambia MeaslesRubella Post Campaign Coverage Survey Report_29-09-20_11.35.51.pdf

2016 MR Campaign Technical Report_29-09-20_11.36.44.pdf

New UN Policy on Allowances for Government Staff_29-09-20_11.40.01.pdf

RCMReport2016_03-09-20_14.53.08.pdf

GambiaToRNITAG2020_05-10-20_13.17.40.pdf

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 11

HPV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	5,015	10,262	10,691	5,541	5,715
Gavi support (US$)	110,165	225,405	210,782	109,235	112,677

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	90,289	89,539	90,927

MenA Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	19,127	19,509	57,442	20,105	20,397
Gavi support (US$)	52,408	53,453	120,280	37,997	38,548

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	107,808	109,096	52,175	52,954	53,722
Gavi support (US$)	1,684,085	1,703,279	737,461	748,472	759,329

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	50,380	51,384	113,307	52,954	53,722
Gavi support (US$)	139,056	141,827	298,937	146,161	148,281

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	31,976	32,613	69,536	33,610	34,097
Gavi support (US$)	338,611	345,361	692,574	355,914	361,077

Total Active Vaccine Programmes

	2020	2021	2022	2023	2024

Total country co-financing (US$)	214,306	222,864	303,151	165,164	167,653
Total Gavi support (US$)	2,414,614	2,558,864	2,150,961	1,397,779	1,419,912
Total value (US$) (Gavi + Country co-financing)	2,628,920	2,781,728	2,454,112	1,562,943	1,587,565

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2021	2022	2023	2024	2025
Country Co-financing (US$)	5,000	5,000	5,000	5,000	5,500
Gavi support (US$)	265,000	249,000	258,000	267,500	277,500

Total country co-financing (US$)	
Total Gavi support (US$)	
Total value (US$) (Gavi + Country co-financing)	

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US$)

	2020	2021	2022	2023	2024
Total country co-financing (US$)	214,306	227,864	308,151	170,164	172,653
Total Gavi support (US$)	2,414,614	2,823,864	2,399,961	1,655,779	1,687,412
Total value (US$) (Gavi	2,628,920	3,051,728	2,708,112	1,825,943	1,860,065

+ Country co-financing)	

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Mr. Sidat Fofana	Ag. EPI Programme Manager	+2202423004	sidatfofana@gmail.com	Ministry Of Health

Comments

Please let us know if you have any comments about this application

No Response

Government signature form

The Government of Gambia would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles-rubella follow-up campaign

The Government of Gambia commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.[1]

Minister of Health (or delegated authority)	**Minister of Finance (or delegated authority)**
Name	Name
Date	Date
Signature	Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

[1] *In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.*

Appendix

NOTE 1
The new cMYP must be uploaded in the country document section.

NOTE 2
The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3
* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4
* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* The wastage rate applies to first and last dose.

NOTE 5
Co-financing requirements are specified in the guidelines.

NOTE 6
*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 7
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 8
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 9
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 10
E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 11
The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.